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ORIGINAL DEPARTMENT.

Communications.

BIOGRAPHICAL SKETCHES OF Distinguished Living New York Physicians.

By SAMUEL W. FRANCIS, A. M., M. D.,

(Fellow of the New York Academy of Medicine.)

VII.

Ferdinand Campbell Stewart, M. D., etc.

"*Celum non animum.*"

It being an acknowledged fact in law, that citizenship depends not only on the residence of a party, but his *animus* also, an international courtesy prevents any traveller's being forced to adopt a foreign parent. He is enabled thereby to live in Europe and remain an American.

Dr. STEWART having passed most of his professional life in New York, where he did much for the dignity of his calling, and being obliged by ill health and fiscal duties to live abroad, it may with justice be considered in accordance with ethics to consider him still one of the noble band.

F. CAMPBELL STEWART was born at Williamsburg, formerly the capital of Virginia, August 10th, 1815. His father, FERDINAND STEWART CAMPBELL, was Professor of Mathematics in William and Mary College for twenty years, and was descended from the two noble Scottish families of Argyle and Bute, his ancestors having emigrated to the West Indies about the year 1750. Subsequently they settled in Westmoreland county, Virginia.

Professor CAMPBELL becoming heir of entail to extensive estates in Scotland in 1830, was naturalized a British subject by special Act of Parliament, and, on succeeding to the property, assumed the name and arms* of the "STEWARTS

* The certificate of Dr. STEWART's coat of arms is as follows: "STEWART of ASCOY, descended of the STEWARTS of Bute. Bears, or a fess chequed, saur, and argent, within a border; sable charged with eight mascules of the third. Above the shield a helmet befitting his degree, mantled gules, doubled argent. Next is placed, on a torse, for his crest, a grayhound, couchant, within two branches of bay proper. Motto, "Fide et Opera." Extracted upon duly stamped paper, conform to law, by me, LYON CLERK DEPUTY, and Deputy Keeper of the Records of the Lyon Court. (Signed), WM. ANDERSON, Lyon Clerk Deputé.

At Edinburgh, the third day of March, one thousand eight hundred and fifty-six years.
The "STEWARTS of ASCOY" are registered in BURKE'S British Peerage, under the head of ancient Scottish families.

of ASCOY." Dr. STEWART became the possessor of these by the law of primogeniture, on the death of his father in Philadelphia in 1855.* On the mother's side Dr. STEWART is descended from CARTER BRAXTON, one of the signers of the Declaration of Independence, whose daughter was his grandmother, and married his grandfather, Col. SAMUEL GRIFFIN, of the Revolutionary army, and also a representative, from the State of Virginia, in the first U. S. Congress; his brother, CYRUS GRIFFIN, being at the time President of said Congress. Through this branch of the family Dr. STEWART is connected with the Earl of TRAQUAIR, Lady CHRISTINA, his daughter having married CYRUS GRIFFIN, with whom she came over to this country.† It is also worthy of mention that Dr. STEWART was the third cousin of the late THOMAS CAMPBELL—poet—through the family of ARGYLE, and was treated by him with the kindest consideration during his stay at London.

Dr. STEWART was educated at William and Mary College, under the guidance of his father, an accomplished scholar, and DABNEY BROWN, Professor of Humanity in that Institution. In 1829 he visited Scotland with his parents, and studied under private tutors. He returned to America, and pursued the study of medicine in the office of Dr. THOMAS HARRIS, Surgeon-General of the United States Navy, and was formally graduated Doctor of Medicine from the University of Pennsylvania in 1837. His Thesis was on "Cardiac Sounds," and was written with care. Dr. STEWART almost immediately went again to Europe, and followed out his professional studies at Paris and Edinburgh, from 1837 to 1843, in which latter place he entered the office of Dr. JOHN THOMSON, Professor of Surgery in the University of Edinburgh, and Surgeon-Gen-

* These are to certify, that FERDINAND CAMPBELL STEWART, Esquire, M. D., of New York, the eldest son of FERDINAND STEWART CAMPBELL STEWART, is the direct legal representative of the "STEWARTS of ASCOY," as designated by Deed of Entail. Edinburgh, 6th June, 1856.

(Signed), J. GIBSON CRAIG, one of her Majesties Justices of the Peace for the County of Edinburgh.

(Signed), GEORGE DALRIEL, one of her Majesties Justices of the Peace for the City of Edinburgh.

† For an account of this most estimable lady, see "Republican Court," by RUFUS W. GRISWOLD; article, Ladies of the Court of Washington.

eral of the British Army at the battle of Waterloo. Many in this country admire him through his interesting volume on "Inflammation."

When a resident of Paris Dr. STEWART was received into the family of CIVIALE, the inventor of Lithotripsy, who took much interest in affording him every facility in the investigation of those diseases whose seat is in the genito-urinary organs. The friendship formed between these two genial students of science has been maintained to the present time with increasing sympathy. In June, 1838, Dr. STEWART was married at the American Embassy at Paris, by the English Bishop, LUSCOMBE, to EMMA, daughter of the late SAMUEL J. FISHER, of Philadelphia, and niece of Dr. ROBERT M. PATTERSON, so long honorably connected with the United States Mint, as its able Director.

Soon after his marriage Dr. STEWART returned to his native town, and practised with such success, that, at the age of twenty-three, he not only had the largest business in the place, but was consulted by other physicians within a radius of forty miles. Meeting with so happy a course of pleasing results, he decided to visit New York and become a resident practitioner there. But before doing this he paid another visit to France, where he followed out carefully the study of some branches of his profession, which he found he had too much neglected in his former course. He remained in Paris three years, as physician to the United States Legation, at the time General CASS was Minister; during which period he became personally acquainted with the eminent and scientific men of that capital; among whom may be mentioned, VELPEAU, LOUIS, ROUX, AMUSAT, LEROY, BLAUDIN, BRESCHET, DUBOIS, CIVIALE, BÉRARD, BARTH, ORFILA, JOBERT, etc.

In the spring of 1843 Dr. STEWART came to New York, and practised there continuously until 1849, when he was selected to fill an important position under the State government, of which more will be said in its proper place.

During his first year in New York he made an arrangement with the resident physician of Bellevue Hospital, and was accordingly permitted to take charge of certain medical and surgical wards, on condition that he should have the privilege of explaining the cases, in the form of *Clinical Lectures*, to a small class of medical students, who were private pupils in his office. This has since become a principal source of instruction, and is ably carried out by the present visiting Board of Physicians and Surgeons.

In 1847-8, when Bellevue Hospital was filled with typhus fever cases, of newly arrived immi-

grants, and while Dr. REESE was resident physician, Dr. STEWART volunteered his services, a rare act of self-denial at that time, and continued attentive, till, at the end of five months' close attention to the welfare of the crowded patients within the wards, and under temporary huts, he retired, though long before he had been strongly urged to do so by his friends, Drs. MOTT, FRANCIS, and others. At this time he was accustomed to prescribe daily for two hundred dangerously ill patients. Contrary to the fears of those who loved him, Dr. STEWART escaped the disease, though many of the assistants and attendants fell sick, and dropped off continually. This noble deed of kindness has long been remembered by his colleagues, and serves to elevate the name of Doctor; for such acts of devotion inspire the student, while they encourage the sick.

The condition of the institution not being what it should be, this increase of patients magnified difficulties, and rendered more palpable the deficiencies of the present system. The Common Council of New York accordingly re-organized Bellevue Hospital, and appointed a committee of medical men to propose a new and improved plan; of which committee Dr. STEWART was a member. The plan was adopted, and the city authorities appointed a Board of "Visiting Medical Officers," consisting of Drs. WILLARD PARKER, JAMES R. WOOD, ALONZO CLARK, F. C. STEWART, and others. Dr. STEWART soon after resigned.

Although of the Anglican faith, Dr. STEWART was appointed Physician to several of the Roman Catholic charitable institutions of New York, which responsible positions he held till other duties of a more urgent character called him out of the city, when he was obliged to retire, but not before complimentary resolutions had been passed in testimony of his faithfulness.

In 1847 the New York Academy of Medicine was founded, and, to use the words of another, "it is universally admitted that the great success of that favorite Society was principally owing to the exertions made by Dr. STEWART in its behalf." He was the Secretary at the preliminary meetings held by the profession upon the call of the Presidents of the two medical colleges, and the President of the New York County Medical Society. The Committees held all their meetings at his office, where the first constitution was agreed upon; and Dr. STEWART continued to act as Secretary, being re-elected at the annual meetings, as long as he remained in New York. In the face of these facts it is exceedingly singular, that in a recent publication, where a list of the founders is published, his name is omitted with-

out comment. He was three times elected Vice-President, and when the Society went into a "Committee of the Whole," was generally selected Chairman. On three different occasions he was appointed "Anniversary Orator." In 1848-9 he was Chairman of the Committee on "Typhus Fever," during almost a panic in the city on account of this prevailing disease. While holding this position he drew up a preliminary report for the purpose of allaying the fears of the inhabitants, which was unanimously endorsed by the Academy of Medicine, signed by many of the leading physicians of the metropolis, and ordered by the city authorities to be published in all the newspapers.

Dr. STEWART did much to promote the assembling of the National Medical Convention, which held its first meeting in New York in 1846, and met in Philadelphia in 1847, of which last convention he was the efficient Secretary, being chosen also on a committee to draft a constitution, which was adopted, and resulted in the organization of the "American Medical Association," most certainly the leading professional body in the United States. At the meeting of this Association, held in Baltimore in 1848, he was made Chairman of the Committee on Medical Education; and, at the next convention, in Boston, presented an elaborate and voluminous report, embracing statistics and regulations of the medical colleges of the United States, besides furnishing a detailed account of similar institutions in all parts of the world. When this work is perused, and one reflects on the vast amount of correspondence, at home and abroad, with the army and navy surgeons, necessarily the consequence of such an undertaking, the profession may truly be deemed indebted to Dr. STEWART for his zealous endeavors in behalf of his noble calling, and the welfare of his brethren. This may be found published in the second or third volume of the Transactions of the Association.

In 1849, the office of "Physician of the Marine Hospital" on Staten Island, in connection with the quarantine, was inaugurated by the New York State Legislature, and Hon. HAMILTON FISH, then Governor of New York, appointed Dr. STEWART to fill the position. As Dr. STEWART did not personally know the Governor, this cannot be deemed a political move; especially as his choice was due to the earnest solicitations of the most prominent medical men in New York, who asserted that, of all others, he was the best qualified to act in that all-important capacity—on account of his hospital experience. Dr. STEWART accepted the honor conferred on him, and

set to work immediately to reorganize the excellent material and machinery of an institution which at times embraced from a thousand to twelve hundred inmates, with infectious and contagious diseases, under the auspices of the Commissioners of Emigration, who had confirmed his appointment, and defrayed the expenses of all the necessary alterations. The whole responsibilities rested on Dr. STEWART, who continued to meet them till his resignation in July, 1851.

Though the Doctor was enabled to do much good to the suffering, and displayed untiring energy and executive ability, many of his immediate friends regretted the step which he had taken; for it deprived him of the benefit of a great popularity in the city of New York, and an increasing practice, which had already brought in large returns, and numbered many of the first families in the country. On retiring from the Quarantine Hospitals, Dr. STEWART, at the urgent solicitations of his friendly neighbors, remained on Staten Island until 1855, when his father died, a sad circumstance, which required his removing with his family to Europe, where he has since resided, occasionally visiting his native country.

During a genial residence in the Isle of Wight in England, his health, which had become greatly impaired by close attention to the diseased, and constant exposure in the Quarantine, became so "shattered" that his family were seriously alarmed. Change of air was strongly advocated by those who best appreciated his worth. It was during one of these prostrations that he was induced, by the earnest solicitations of his friends, to go as Surgeon on board the U. S. Mail Steamship "Arago," at that time under the command of the late Captain D. LINES, one of the most popular officers in that capacity. A few trips in this vessel brought about a rapid improvement, and rendered sleep, at one time difficult to procure, not only possible, but of comfortable issue; and accordingly, Dr. STEWART made an arrangement with the surgeon of the ship to fill his place for six months, with a view to the practical restoration of his health. His proposition was accepted, and he crossed and re-crossed the Atlantic eight times during the spring and summer of 1860. The result was a complete acquisition of renewed vigor, and immunity from all his former troubles, save an occasional attack of rheumatism, to which he had been subject.*

* Dr. STEWART's health has had many shocks. He has been more or less troubled with rheumatism, and nervous palpitation of the heart; has been threatened with phthisis; and had one copious hemorrhage from the lungs some twenty years

Plain and simple in his tastes, Dr. STEWART has ever been hospitable in manner and strict as to etiquette; being often consulted by his professional brethren as to points in ethics; and was pronounced by the late CADWALLADER COLDEN "the best administrative officer with whom he had ever come in contact." Though his success in life was due to his personal labors, and promotion the result of the efforts of his colleagues, he has ever abjured politics, deeming them far removed from the business of a medical man!

On one occasion, however, before he was married or had entered on the paths of a Doctor's experience, being desirous of having some important business brought before the House of Lords, he became Attaché in London, under ANDREW STEVENSON, who was at that time American Minister at the Court of St. James. Although diplomatic employments were offered the Doctor by the late President TYLER, whose family-physician he was for many years, Dr. STEWART gratefully refused, and has never pursued any other business than that of a physician.

Though not actively engaged in his profession for several years, his interest has not flagged, nor has his zeal in the progress of science abated. He always claims his right of "M. D."

His family consists of one son, born in Paris, 1841, and one daughter, a native of Virginia, in 1839—whose "Easter books," for the benefit of the young, are neat, instructive, full of moral precepts, and a credit to her brain. His receipts the first year in New York were \$60, the last year \$6000—equal to \$12,000 at the present time. When engaged in his professional rounds, Dr. STEWART preferred lithotropy and diseases of the genito-urinary organs, to any other branch of practice, but has ever been opposed to "specialties." His religious faith is that of an Episcopalian, but he is tolerant to all denominations of Christians.

On writing to ask him his opinion of smoking, I received the following reply: "I am an habitual smoker of cigars, detest the pipe, and have never experienced inconvenience from the use of mild tobacco."

Dr. STEWART, when in New York, was continually called upon by brother physicians to attend their patients during sickness or temporary absence from town; and when at times any one would send for him in preference to their "own physicians," he was ever wont to refuse, unless his visit was made in the form of a consultation.

since. He has also had bilious remittent fever, measles, scarlatina, pleurisy, and typhoid fever. His height is 5 feet 9½ inches, and weight 156 lbs. English.

This is a very strong point in favor of any man, for it emanates from a high order of integrity, and is worthy of remembrance. In speaking of this very subject, Dr. J. R. MANLY, an honest, but eccentric and sarcastic physician, made the following remark at an evening party given by my late father, Dr. JOHN W. FRANCIS, after delivering his address before the New York Academy of Medicine at the old Tabernacle: "I have found out why all you money-making doctors select CAMPBELL STEWART to look after your patients. It is because you know he will not steal them from you."

Though Dr. STEWART has lived abroad ever since the death of his worthy father, as he has crossed the Atlantic more than thirty times, (being wrecked at the entrance of Halifax in December, 1853, in the steamship "Humboldt,") it is reasonable to presume that an occasional visit will bring him before his many friends and grateful patients of olden time. He is at present engaged in the study of southern climates, with the view of publishing his observations on some future occasion.

Dr. STEWART is a member of the Rhode Island State Medical Society; Medico-Chirurgical Society of Louisiana; Montgomery County Medical Society, of Alabama; American Medical Association; New York Academy of Medicine; Medico-Chirurgical Society of Edinburgh; Delegate for six years from the New York Academy of Medicine to the American Medical Association, and Delegate from the same to the New York State Medical Society.

HIS WORKS ARE AS FOLLOWS:

1. Translation from the French of "SCOUTETTES on Club-Foot." With plates. Philadelphia. 1839.
2. "Hospitals and Surgeons of Paris." Pp. 430. New York. 1843.
3. Report on "Medical Education," to the American Medical Association. Published in "Transactions." 1849-50.
4. Anniversary Address to the New York Medico-Chirurgical Society. New York Journal of Medicine.
5. Anniversary Oration before the New York Academy of Medicine. Published by the Academy.
5. Oration (*by written request*) before the Medico-Chirurgical Society of Edinburgh. Published in Edinburgh Medical Journal. 1856.
- Reports, cases, translations, etc., in
7. Transactions of American Medical Association.
8. American Journal of Medical Sciences.

9. Medical Examiner of Philadelphia.
10. New York Journal of Medicine.
11. " " Annalist.
12. " " Medical Times.
14. Edinburgh Medical Journal.
14. And Editor of New York Journal of Medicine. 1844—45.

Dr. STEWART's lectures have been few in number, he never having been a Professor in any College; but in 1844 he gave a few clinical lectures at Bellevue Hospital, to a small class of private pupils, and likewise a short course on Lithotripsy and Diseases of the Genito-Urinary Organs, at his office.

INSTRUMENTS.

1. Dr. STEWART invented and presented to the Royal Academy of Medicine of Paris, in 1843, a concealed bistoury, for operating in strangulated hernia. It was referred for examination to Professor BLANDIN, who died before reporting upon its merits.

2. A modification of LALLEMAND'S Porte-Cautique, for cauterizing the neck of the bladder, so as to permit the use of a solid cylinder of nitrate of silver. See American Journal of the Medical Sciences.

3. An instrument for cauterizing the urethra in gonorrhoea, by means of a compressed sponge, catheter, and stylet. Made by TIEMANN, of New York, and extensively used.

CASE OF EPILEPSY TREATED BY BROMIDE OF POTASSIUM.

By JAMES B. BURNET, M. D.,

Resident Physician at Bellevue Hospital, New York.

Martha J. Hughes, aged 20 years, and single, was admitted to Ward 20 of Bellevue Hospital, on April 26th, 1866, with the following history: Father died of heart disease, and mother probably has phthisis: she has three sisters and one brother, all perfectly healthy. "No known disease in the family. Up to twelve years of age, she always was a healthy girl, notwithstanding she had been considerably debilitated by measles and intermittent fever previous to this time. At this period, while at the dinner table quietly conversing, she suddenly fell to the floor in a convulsion, and instantly became insensible. Her arms and limbs twitched, and the blood ran out of her mouth, but she cannot tell whether she frothed at the mouth during the paroxysm, or bit her tongue, but the insides of her cheeks felt sore when she recovered her consciousness. One fit followed another until she had had three, lasting altogether about 1½ hours. Since that time—

that is for eight years—she has had fits constantly, never going for more than two weeks without one, and sometimes having three or four in one day. On an average, she has had one or two each week. The fits come on suddenly, without any premonitory signs, and generally last about 15 minutes. After these attacks she has a slight headache, feels sick at her stomach, and sometimes vomits slightly. During each fit a little blood always escapes from her mouth. Since her first fit, her memory has been gradually growing weak, and sometimes it has been impossible for her to recollect the simplest things. Occasionally, after the fits, she would lay stupid, in a heavy sleep, for half a day. She had her menses first when 14 years of age, only once or twice; then they disappeared until she was 18, when she had them for two or three months, and so on very irregularly. Her last menses made their appearance on the 3d or 4th of April. Before this, she had not had them for two months. Her menses are quite profuse, last two or three days, with little or no pain. Bowels are rather costive. She has no trouble whatever with her water.

Present Condition. She has quite a healthy looking countenance, but not a very intelligent expression. Pulse 84, and rather feeble. Temperature of skin normal; hands and feet, however, a little cold. Tongue healthy in appearance. Lungs and heart sound. Urine, after chemical and microscopical tests, is also found to be healthy. No abnormal configuration of the head. Body is well formed. Eyes have rather a dull, leaden look.

The diagnosis made was *epilepsia*, and the treatment commenced was ten grains of the *bromide of potassium* three times a day, with the following prescription for the proper regulation of her bowels:

R. Podophylli,	gr. viii.
Aloes soc.,	
Pulv. capsici,	
Extr. conii.	aa gr. v. M.

Div. in pil. No. X.
S. One each night.

May 8th. No fit up to this time, when the medicine is stopped to see what effect it will have upon her.

May 11th. At 5.30, P. M., while walking in the ward, she suddenly fell to the floor in a convulsion, and remained in it for fifteen minutes. She had no warning of its approach. She frothed at the mouth, and acted in a characteristic manner. When she recovered she felt very stupid, and slept for about one hour. The next morning about three o'clock she had another fit, followed

by a severe headache. The medicine was now recommenced. On May 20th she had another slight attack.

May 22d. No more fits. Bowels still rather costive. Strength of the pills slightly increased. Never felt better in her life than she does now. She has been suffering from cramps in the stomach, which were soon relieved by aquæ menth. pip. She is of a very excitable disposition, and quarrels considerably with those around her.

June 9th. Still better. Menses made their appearance on Sunday, June 3d, for the first time in two months, and lasted four days, with a good deal of pain. They were not very abundant. She is taking the bromide of potassium regularly. Her general health seems to be improving.

June 11th. Is doing well. Thinks she is cured, and wants to go home.

June 14th. She has had no fits for over a month until to-day; when, after considerable excitement on the preceding night, upon awaking, she found blood on her pillow, and had a great headache, and for these reasons she presumed that she had had an attack in the night, although she had no recollection of it.

On Saturday morning, June 16th, at 4 o'clock, she had another fit, and between 6 and 7 o'clock, still another. After the last she vomited quite profusely. She was now removed to a more quiet place, away from all excitement, and the dose of the bromides increased to fifteen grains three times a day. She was subjected to the cold shower-bath every morning, put on plain but nutritious diet, took small doses of ferri et quiniæ cit. and was kept in the open air as much as possible. Here she did well. She gained flesh and strength, felt more cheerful than she had for a long time, and was much more intelligent than when she entered the hospital. Her memory certainly has improved. She was doing as well as could be desired up to July 23d, only having had one slight attack since June 16th, when her friends came and took her away into the country. Since that time no information concerning her has reached me. No examination of the uterus was made. She stated to me that no other member of the family had ever had similar attacks.

I present the case as illustrating the power of bromide of potassium in restraining epileptiform convulsions. This patient for eight long years has been suffering with from two to four convulsions each week, sometimes more and sometimes less, but during her sojourn in this hospital, for three months, lacking three days, being under my daily observation, and having her medicines administered regularly and with the

utmost care, she has had only seven convulsions, and two of these took place while she was not taking the medicine. Whether the improvement is to be permanent, and the patient to continue to do well, or whether the medicine will, after a period shorter or longer, lose its power, and the old attacks come on as badly as ever, I do not presume to say. I merely state the facts as they are. No other remedy employed faithfully for three whole months in this disease has acted so satisfactorily with me as has the bromide of potassium.

I may state in conclusion, although somewhat a deviation from the general subject, that this medicine is very extensively used in this institution in the treatment of delirium tremens, and in the great majority of cases with the best success. In some of my own cases, given in very large doses, it has acted like a perfect charm, where other remedies have been tried in vain.

CASE OF RETROFLEXION OF THE UTERUS, OF THREE YEARS' STANDING, CURED.

By JOHN H. GRISCOM, M. D.,

Of New York.

In No. 482, May 26, of the REPORTER, are related two cases of uterine flexion, which were remarkable for their extensive and complicated sympathetic effects, one upon the pulmonary and nervous, the other upon the digestive systems; the latter especially notable for the severe dyspepsia and constipation caused by it. In each of those cases, the uterus was restored to its natural position, and all the sympathetic symptoms relieved by very simple means. SIMPSON'S sound was used to reduce the flexion, and this being accomplished, a simple horse-shoe pessary, aided by a continued recumbent posture for a few days, sufficed to retain the organs *in situ* long enough to enable the local tissues to become confirmed in tone, and preserve the organs in place.

Another case which lately came under my care, presented still another variety of sympathetic influences, and a combination of symptoms requiring quite a different course of treatment. The patient, a lady from a distant State, sought my counsel in June last, complaining of great distress in the pelvic region, and great prostration and disturbance of general health. Her age is 27, has been married nine years, and has borne three children, besides having had two miscarriages.

An examination per vaginam revealed a most decided retroflexion, the fundus pressing in upon the rectum to such a degree as to completely

obliterate its cavity, although the uterus presented no evidence of enlargement. It was readily relieviable from its position by the finger alone, so far as it could reach, which was of course insufficient to restore it fully to its normal position. Digitation produced considerable pain, in consequence of a marked tenderness of the vaginal membrane, a discouraging circumstance in appearance, as the use of a pessary of any kind requires a healthy condition of the parts, to enable it to be borne with comfort and efficiency. Observation with the speculum, however, revealed nothing more than a slight redness of the parts, unaccompanied with anything like ulceration. There was also a decided relaxation and expansion of the posterior *cul de sac*, which, though favoring the use of a pessary, presented a prospect of such a general relaxation of the tissues as would be likely to delay a permanent restoration of the misplaced uterus.

Encouraged by previous successes to rely upon the efficacy of the horse-shoe pessary, in combination with a continued recumbency of body, after replacing the uterus by the sound, this course was tried for three or four days, but the excessive heat of the weather rendering confinement to the bed almost unendurable, and the enlarged capacity of the vagina rendering the pessary less available than ordinary, it became necessary so abandon that method of treatment.

About a year previous to my acquaintance with the case, it had been treated with the stem-pessary, which, while it remained in its place, of course retained the uterus in proper position, but during menstruation, it became necessary to remove it, thus failing to accomplish the desideratum.

Having become acquainted a short time before with the instrument invented by Dr. BANNING, and examined the variety of forms of his "balance," and their adaptability to different abnormal positions, I concluded to try it, and accordingly selected the one which seemed most applicable to the case in hand.

The first object in all cases of uterine flexion is, of course, the restoration of the organ to its natural attitude, and the maintenance of it therein to enable the relaxed and disordered tissues to recover their tone and contractility, so that when the instrument is removed, the uterus will preserve its natural position. No form of instrument can be relied upon for the *permanent and radical* cure of the disorder, but as the restoration of the position of the organ is the first and essential performance, the choice of the most

available form of instrument for this purpose is a matter of much importance in each case.

In the case under consideration it was found necessary, after a brief trial of that part of the apparatus which lies within the vagina and supports the fundus in its natural position, to change its curve, so as better to adapt it to the relaxed parts, and make a more direct pressure upon the uterus itself. The substance of which the stem of the "balance" is made, (hard rubber,) enables this to be done with very little trouble, so that after a short trial the arrangement was well adapted to the circumstances of the case. Aided by the external supporter, to which the internal balance is attached and by it kept steadily in place, my patient was enabled to exercise herself by walking and riding in a gentle manner, and thus materially aid in the restoration of her general health, which had been for a long time much depressed.

The final result has proved as satisfactory as could be desired. After about six weeks continued use of the instrument, occasionally interrupted by the necessity of its temporary removal for the purpose of applying astringent and soothing injections, the uterus was found to be completely restored to its natural position, and maintained it completely for a fortnight, subsequent to the removal of the instrument, at which time the patient left for her home, with confidence in its continuance.

Injections of tannin in solution, when the parts were most relaxed, and applications of oxide of zinc, dissolved in glycerine, (3j. to the f.3j.) by means of tampons of cotton, to relieve the inflammatory tendency, had the effect desired, while the internal administration of tonics and ferruginous preparations so far restored the patient's general health, as to enable her to take full exercise of body, without any fear of a return of the original trouble.

TRANSFUSION IN ANÆMIA.

By W. W. MYERS, M. D.,

Of Pittsburgh, Pa.

February 5th, 1866. Was called to see Henry, son of Wm. M—, æt. five years, of Wineberry alley. Found him suffering with vertigo, faintishness, palpitation, and an impaired action of the organs generally; especially the stomach and bowels; digestion being deranged, with flatulency, constipation, etc. The face, the hands, and the general surface were pallid, and slightly waxen or icterode in their hue, clearly indicating the presence of general anæmia. Upon auscultating over the pulmonary and subclavian arteries, a

bellowing sound was distinctly perceived, which is to be attributed to a certain diminution in the proportion of the globules. This is due to an impoverishment of these globules, inasmuch as it is not heard when the fibrin alone is diminished in quantity. The patient had been treated for some weeks previously for hepatitis, but the existence of such I was unable to detect. He was placed upon ferri pulvis, of which grains three were taken thrice daily, *after meals*, because, as every one knows, the gastric juice of the empty stomach is *alkaline*; during digestion it is *acid*; this acts favorably toward dissolving the iron, while the other renders it inert. A small allowance of wine was permitted, and a generous diet advised. No apparent improvement having taken place by March 27th, the following was determined upon. Having taken some six or eight ounces of blood a few days previously, from a healthy male laboring under plethora, and this blood having been preserved from contact with atmospheric air, it was decided to transfuse a part of it into the patient. Everything being in readiness, the median basilic was freely displayed, and an incision made down to it an inch in length; a probe was then passed beneath it, at the lower part of the incision; a small opening was then made in the vein, immediately beyond the probe, of sufficient size to admit the beak of the syringe—which having been previously warmed—was filled with this blood, it also having been heated to a temperature of about 95°. It was inserted, and ʒiij . injected; it was refilled, and repeated. This quantity was deemed sufficient, for in the extreme feebleness to which the vital action of all the tissues is reduced in cases of protracted anæmia, it is desirable that the supply of blood should be very gradual, lest the action of any vital organ should be impaired by a sudden congestion of its tissue. The greatest possible caution was exercised to prevent the entrance of atmospheric air into the vein, the smallest quantity of which would prove destructive. The expression of the countenance and state of the pulse were carefully watched, but no untoward symptoms arose. A compress and bandage were placed over the orifice, and an opiate administered. The following was ordered:

R. Ferri subcarbonas,	ʒiiss .	
Ferri phosphas,	ʒiss .	
Magnesie carb.,	ʒii .	
Sodii chlorid.,	grs. lxx .	
Cretas prep.,	ʒiii .	
Aque,	f.ʒii .	M.

Of which a teaspoonful was taken thrice daily. Under this treatment the patient regained his former stamina, and was discharged on May 9th.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE,
May 30th, 1866.

SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheys.

Scirrhus of Lymphatic Ganglions.

James A., set 42. A large tumor occupies a portion of the parotid region, extending from the angle of the jaw down into the neck, with an ulcer at the inferior extremity. The discharge from the ulcer is thin, watery, and bloody. There is a sense of elasticity about the tumor, which is hard, and immovably fixed in its situation. For the last three months the man has not been able to separate his jaws to take solid food, but he can swallow without any trouble. The pain is of a lancinating character, worse at night and in damp weather. The affection came on without any assignable cause.

Scrofulous disease is liable to occur in this very situation. This man has, however, passed the period of life when it may be expected. It generally occurs in young persons before or soon after the age of puberty. Neither is there present any of the evidences of ordinary scrofulous affections. There is a possibility that a disease occurring in this situation, and with this aspect, might be syphilitic. But there is no syphilitic taint manifest, no affection of the nose, throat, cutaneous surface bones or joints, as there would be if the disease were of this character.

It is exceedingly improbable that an ordinary ulcer should occur in this situation. Neither would it have made such an inroad upon the constitution as has ensued in this case. It has all the characteristics of hard cancer, which commenced in the lymphatic ganglion of this situation. The history, the appearance of the ulcer, and the nature of the pain, all point to the carcinomatous character of the disease. The man is at that period of life in which cancer is apt to appear in both sexes. Age has a great deal to do with the production of carcinomatous disease. Encephaloid is liable to occur at all periods of life, most common, however, between the ages of twenty and forty. Melanosis may appear at any age. Scirrhus rarely comes on until after the age of forty or forty-five; so also with epithelioma. Colloid disease is exceedingly uncommon, having been observed in only a few situations. The pain must be taken into consideration in determining the diagnosis. It is of a short, lancinating, pricking character, shooting with the rapidity of lightning through all the parts, which is precisely what is found in cancer of the mammary gland, lip, or penis.

The nature of the pain is almost characteristic. There is no such pain in scrofulous disease, in ordinary nor in syphilitic ulcer. Then, there is that about the appearance of the swelling which denotes malignancy. There is a discoloration of the skin, the parts are in a state of congestion, the tumor is hard, and the adhesions are immovably fixed. Mere lymphatic enlargement is sometimes attended with a fixed condition of the parts.

The appearance of the ulcer is denotive of malignancy. It is irregular, jagged in its appearance, the surface has no granulations upon it, and the discharge is of a thin, sanious, bloody, or sanguinolent character.

Thus, the history of the case, the eye of the patient, the peculiar character of the pain, the hardness and fixed condition of the swelling, the purplish discoloration of the skin, and the peculiar nature of the ulcer, are all indicative of malignancy, and taken together, they leave the diagnosis of scirrhus in the state of the most perfect certainty.

Having established the diagnosis, the question arises as to what should be done. Is an operation appropriate? Should the parts be excised by the knife, or should some escharotic substance, as the acid nitrate of mercury, nitric acid, Vienna paste, caustic potassa, chloride of zinc, or the actual cautery, etc., be employed, with the view of destroying the parts bodily? No operation is proper here. The knife must not be used. It is too late, no matter how thoroughly the extirpation might be effected. The disease has made its impress upon the system. If the knife were used there would be a speedy recurrence, either at the cicatrice, in the surrounding structures, or in some internal and more important organ. Neither could any good result from the employment of an escharotic, or the actual cautery. Escharotics are of little value in this disease, especially when the mass is of considerable size, because it is impossible to thoroughly remove the affected parts.

All that can be done is to endeavor by constitutional and local measures to improve the general health, by attention to the diet, proper regulation of the secretions and bowels, the use of anodynes, the exhibition of some mild tonic, and by the application to the part of soothing remedies. The nitric acid lotion will be employed, four or five drops to the ounce of mucilage of gum arabic or flaxseed, with a few drops of laudanum, applied by means of patent lint introduced into the ulcer and kept in contact with it, being changed four or five times in the twenty-four hours. The part may be painted with dilute tincture of iodine, which will relieve congestion and diminish swelling. If the discharge be offensive, the permanganate of potassa, chlorinated soda, or chloride of zinc should be used. All the applications ought to be mild.

Such an ulcer as this never furnishes, except under very rare circumstances, healthy granulations, no matter what mode of treatment may be instituted.

Internally, the tincture of the chloride of iron, twenty-five drops three times a day, and one-third of a grain of morphia at night were directed. The diet should be nourishing, consisting of slops, making use of milk, chicken, lamb, or mutton broth; good vegetable soup, and ale or whiskey. If the bowels become costive, a little Rochelle salts should be taken.

James W., æt. 35. He has been blind for ten weeks, in consequence of explosion of gunpowder, imbedding the grains in the skin, and leaving an indelible stain. The rule of practice after such an accident is to immediately dispose

of the grains, picking them out one after another with the point of a cataract needle or a lancet. Some writers recommend vesicating the surface with a solution of corrosive sublimate. This is a very severe operation, and its efficiency is doubtful.

Those grains which pass into the eye should also be picked out, because they are productive of inflammation, and leave an indelible stain.

This case is interesting, because of the injury inflicted upon the eyes. The right eye is completely destroyed. The scar on the face, which is very hard, firm, and tender, everts the lower lid of the left eye, producing ectropion. The lower half of the cornea has a milky spot upon it, while the upper portion is clear, together with a portion of the pupil. It is to be regretted that the milky spot is not on the upper part of the cornea, as the upper lid now covers the pupil. Some of this opacity may be removed by sorbofacient remedies.

The patient was directed to take one grain of calomel combined with one-half a grain of opium twice in the twenty-four hours, for a week; at the end of this, one-half the quantity of calomel with the same amount of opium, for two weeks; after that, one-fourth of a grain of calomel and one-eighth of a grain of opium; thus continuing the treatment for six or eight months.

As a local application, nothing perhaps will be better than two drachms of simple cerate to ten grains of the ointment of nitrate of mercury, both well incorporated, to be used upon the lower eyelid every night at bedtime, the object being not to excite the capillaries, but the absorbent vessels.

EDITORIAL DEPARTMENT.

Periscope.

Formation of an Artificial Deltoid Muscle for the Treatment of Luxations of the Scapular Extremity of the Clavicle.

In his "Contributions to Clinical Surgery," published in the *Medical Press and Circular*, Prof. HARGRAVE, of Dublin, mentions the case of a woman, 40 years old, suffering from a well-marked luxation of the external end of the clavicle of the right side, riding upon the corresponding acromion scapulae, the result of a fall the previous evening on the shoulder. She suffered much pain, and the arm hung useless by her side.

Treatment. A pad was applied in the axilla, and the arm supported in a sling. The following means were adopted by which an *artificial deltoid* was made: broad, and long strips of adhesive plaster were extended, one from the side of the neck down along the great anterior division of the deltoid muscle; another from the base of the scapula along the supra-spinatus fossa over the acromion end of the scapula, covering the middle portion of the deltoid, below its insertion to the humerus; while the third broad slip was applied from the base of the scapula, covering

the posterior and third great division of the same muscle. The intervals in the spaces between the broad slips were covered and supported by narrower and longer slips of adhesive plaster. The patient expressed much ease, freedom from pain, and support to the limb, after this very simple bandage.

From the decided benefit derived from this simple and efficient apparatus, which gave the patient almost complete use of her arm, with the deformity much diminished in four weeks, no other retaining bandage being used, as she was impatient of restraint, the author recommends this plan. The wedge-shaped compress, as used in fractures of the axilla, is first well placed up in the axilla, well supported in it, by broad tapes sewn to it at each superior angle, and carried across to the opposite side of the neck and secured, the inferior portion of it supported against the side of the thorax by a few turns of a single-headed roller. The humerus is then applied close to the trunk, and fixed in position by a roller carried *first behind it to prevent the arm falling forward across the chest*, the elbow to be supported by a few turns of the same bandage, and the hand confined by it to the thorax above the mamma. The next step in remedying the deformity is the application of the adhesive plaster, as already indicated, forming the *artificial deltoid*.

This apparatus, carefully applied, will afford every relief to the patient; at the same time giving him the conviction that the shoulder has regained its normal strength.

The Physiological Properties and Therapeutical Action of Veratrum Viride

Are made the subject of an interesting paper read before the Vermont State Medical Society, as published in their *Transactions*, by Dr. L. C. BUTLER. He sums up the main points of his essay as follows:

1. The tincture made by macerating oz. viii. of the fresh dried root in Oj alcohol for a week, and Thayer's fluid extract, are the most reliable and preferable preparations for its administration.

2. The dose of the tincture is five to ten drops, of the extract two to four drops, varied according to the urgency of the symptoms, the age and strength of the patient, and repeated at intervals of one to four hours.

3. It is not necessary to push the remedy so far as to produce emesis or catharsis. Its full effects are usually reached without either of these results.

4. Veratrum is essentially an arterial and nervous sedative, whether employed by itself or in combination with other agents.

5. It is as safe a remedy as any we possess, only requiring the ordinary degree of caution in its employment, and like the majority of our remedial agents, liable to fail in special cases of peculiar idiosyncrasy or of wrong diagnosis.

6. It is equally applicable in the treatment of low forms of fever, and those of an inflammatory type; in the former it is to be preferred to the lancet, and relieves without depriving the patient of any portion of the vital fluid, while in the latter, the better its remedial properties are

understood, the less frequently will the lancet be employed.

Delirium Tremens—Digitalis—Bromide of Potassium.

Dr. THOMAS LAYTON, in his Paris letter to the *Richmond Medical Journal*, records two observations of the employment of digitalis in delirium tremens, which occurred in VELPEAU's service: A patient, admitted to hospital on account of a diffused phlegmon of the leg, of previously intemperate habits, was taken with violent delirium tremens a few days after admission. Five drachms of tr. digitalis were ordered to be given in twenty-four hours. The next morning the delirium had abated considerably, and the patient had had a little sleep during the night. The same quantity of the tincture was again prescribed, and the succeeding day the patient was found free from delirium, and it was ascertained that he had rested several hours. He appeared dejected, and fearful, but these vestiges of excitement disappeared in the course of the day.

In the second case the delirium was so violent that it was found necessary to apply the straight-jacket. Laudanum produced no effect; pulse 133. Five drachms of tincture of digitalis were prescribed. Twenty-four hours later the delirium had so far subsided as to permit the removal of the straight-jacket. The pulse had gone down from 133 to 68, and the patient had had a good night. There being still occasional incoherency in his answers, the dose was repeated, after which the delirium entirely subsided, and did not return during his stay in the hospital.

Dr. W. S. MITCHELL, of New Orleans, publishes in the *Southern Journal of Medical Science* the clinical report of five cases of delirium tremens treated by bromide of potassium, with good results.

Aconite—Internal Use of.

In its Hospital Reports, the *Medical Press and Circular* illustrates the practice of Dr. PROSSER JAMES, of the internal use of aconite, by several cases; and states, in conclusion, that Dr. J. has thus employed the remedy in several thousand cases of various diseases—mostly those in which there is increase of the heart's action. He employs it frequently as a febrifuge instead of salines, attributing to it the power of reducing the pulse, and relieving the whole brain of febrile symptoms. It is particularly useful as possessing certain anodyne qualities. There are few diseases in which the experiment has not been made. All cases characterized by nervous excitement seem to be benefited. Many forms of palpitation are at once cured. Dr. J. has frequently used it in organic cardiac diseases. In his practice aconite takes the place of digitalis as a controller of the circulation, in addition to the place of salines as febrifuges. The sensation of "pins and needles" shows that the drug is acting on the system, and, on the appearance of this symptom, it should be discontinued, or the dose diminished. It is to aconite what salivation is to mercury, or muscular twitchings to strychnia. Its powerful action on the heart is shown by the rapid fall of the pulse in each of the cases reported.

A Successful Case of Amputation at the Hip-Joint,

For gun-shot fracture of the head of the femur, is recorded by Dr. W. M. A. EAST, of San Antonio, in the *South. Journal of Med. Sciences*. The patient was a negro man, 25 years old, who had received a rifle shot, the bullet taking effect in the right hip, at the outer and upper margin of the trochanter major protuberance, just at the point of insertion of the gluteus medius muscle; direction inward, and slightly upward, striking the head of the os femoris, and crushing it into small pieces.

Dr. EAST amputated at the hip-joint, after LARKEY's method. After-treatment, cold water dressing, quiet, an occasional Seidlitz powder, injections, opiates, and strict diet. Recovery was rapid. At the end of six weeks the patient was hobbling about on crutches.

Some fifteen or twenty days after getting up, he was suddenly seized with pain in the stump, attended with shivering; pain extended to the small of the back, and about half way up the spinal column, with a feeling of extreme coldness the full length of the spine. These symptoms continued several months, until February, 1865, when a small pulsating tumor, about as large as a filbert, tense and painful on pressure, was discovered, situated immediately over the last lumbar vertebra. On the fourth day after its appearance it had attained the size of a walnut; still pulsating, soft, but giving no pain on pressure. The tumor was then opened, and the escape of a quantity of straw-colored pus was followed by that of a half-flattened bullet. From this time on the nervous symptoms ceased, and according to last accounts, the patient is alive and doing well.

The Hunterian Ligation of Arteries to Relieve and Prevent Destructive Inflammation.

Is made the subject of a communication by Prof. H. F. CAMPBELL, in the *Southern Journal of the Medical Sciences*. We some months ago, gave an abstract of cases published by Dr. WRIGHT, in which destructive inflammation, following gun-shot wounds, was overcome by ligation of the main arterial trunk of the affected limb. Prof. CAMPBELL adds seven cases to the number;—four of ligation of the femoral, three of the brachial. From the detailed history of the first four cases, it appears that they were all bordering on gangrene, and, according to common rule, subjects for amputation; but the necessity for the latter procedure was in every instance removed by the happy results of ligation, except in one case where recurrent hæmorrhage supervened on the tenth day after the operation, the inflammation, however, having entirely subsided.

Dr. CAMPBELL states his views with great fairness. He does not recommend the uniform ligation of arteries for inflammation, but concludes: That no hand, wrist, fore-arm or elbow; no foot, ankle, leg or knee, should ever be amputated, for excessive or destructive inflammation, especially those cases resulting from traumatic causes,—without resorting, whenever the state of the patient will admit of it, to a previous experimental

ligation of the artery supplying the affected region. In extremities, he adds, already condemned to amputation, if time be allowed, the procedure can certainly do no harm,—on the other hand, it will often save a useful limb, or, at least, contribute to a more rapid healing of the stump.

Ovariectomy.

Three recent successful cases of ovariectomy, which occurred in the London Surgical Home, under charge of Mr. BAKER BROWN, are reported in the *Med. Press and Circular*. The patients were respectively 35, 31, and 29 years of age. Two presented multilocular tumors, one unilocular. In every case, division of the pedicle was effected by means of the clamp and the *actual cautery*, as recommended by BAKER BROWN. The stay of the patients in hospital after the operation was from four to five weeks.

Another successful case is reported in the *British Medical Journal*. It occurred under the care of Dr. ALFORD, in the Taunton and Somerset Hospital. Patient, 38 years of age. In this case the pedicle was secured by a clamp, and also transfixed and tied by a double ligature. Period of recovery ten weeks.

An *unsuccessful* case of ovariectomy is related by Dr. BLACKALL MARSACK, in the *British Med. Journal*. The patient died six weeks and one day after the operation. The following interesting state of things was found on post mortem examination: The external wound had to a great extent healed, but at the lower part, for about an inch, it was slightly gaping, and through this part there was oozing a purulent fluid mixed with faecal matter. Internally, there were adhesions all over the peritoneum; some were old and fibrous, others were more recent, and consisted of yellow lymph. The transverse colon was by these glued perpendicularly alongside of the wound, for about three-fourths of its extent, and here were found two small perforations, through which evidently it was that the faecal matter had escaped, (during the last two weeks.) The uterus was firmly attached to the posterior part of the bladder, and the remaining ovary to the side of the pelvis. There were also numerous small independent abscesses in various parts of the omentum and beneath the peritoneum. One, larger than the rest, contained about half a pint of pus, being beneath that portion which covered the quadratus lumborum, and communicating externally with the wound. The kidneys and other organs were healthy. No bleeding had taken place from the pedicle.

Aphasia.

A case was lately shown, we are told by the *Med. Press and Circular*, before the Soc. d'Anthropol., of Paris, which would seem to lend great support to M. BROCA's and Dr. JACKSON's views upon the subject of aphasia. A man was struck with hemiplegia of the left side, without any affection of speech. Two years afterward he had a fit of apoplexy, and this time his right side was paralyzed, and he lost the power of expression. He died, and on examination there

was found: 1st, in the third cerebral convolution of the *right* side a hæmorrhagic cavity in progress of cicatrization; 2d, in the corresponding convolution of the *left* side a recent hæmorrhagic clot; this last having evidently determined the right hemiplegia with aphasia.

Treatment of Burns.

DR. E. MENDENHALL, of Eaton, Ohio, relates in the *Cincinnati Lancet and Observer*, several cases of burns in which great amelioration of the pain and comfort of the patient was produced by the application of one part of spirits of turpentine, with two parts of sweet oil. The soothing effects, following the application of the oil and turpentine mixture, are far more prompt and complete, than any other which Dr. M. has known to be used.

Statistics of Diphtheria.

In the *Transactions of the Vermont Medical Society*, for 1865, Dr. H. F. STEVENS gives some statistics of diphtheria in that State. The total number of deaths from the disease for the consecutive five years given, foot up as follows:

Years,	1858	1859	1860	1861	1862
Deaths,	14	60	212	441	818

The increase of the disease was in the following ratio: In 1858, less than $\frac{1}{4}$ of 1 per cent. of the deaths. In 1859, less than 2 per cent. In 1860, nearly 6 per cent. In 1861, over 11 per cent. In 1862, nearly 18 per cent.

Reviews and Book Notices.

A Treatise on the Origin, Nature, Prevention and Treatment of Asiatic Cholera. By JOHN C. PETERS, M. D. New York: D. VAN NOSTRAND. 1866. 12mo., pp. 162. Price, \$1.50.

Epidemic Cholera: Its Pathology and Treatment.

By A. B. PALMER, M. D., Professor of Pathology, Practice, and Hygiene, Univ. of Michigan; and of Pathology and Practice, Berkshire Med. College, Mass. Reprinted from the *Detroit Review of Medicine and Pharmacy*. Pamphlet, pp. 33.

A Letter to the Consulting Physicians of Boston. By WILLIAM READ, M. D., City Physician. 1866. Pamphlet, pp. 29.

A Catalogue of Medical Works on Cholera, in the Library of J. M. TONER, M. D.; Washington, D. C.

There are some questions which will never be decided in this world, if even in any other. MILTON describes the fallen angels as debating, without end, on "free will, fixed fate, foreknowledge absolute." So, while there is a profession of medicine, there is likely to be a debate upon the contagion or non-contagion of cholera. In vain are facts acquired toward its settlement; for all such facts are thought capable, by oppos-

ing reasoners, of either explanation. For example; the notable exemption of all the cabin passengers on three vessels, within the last year, infected with cholera, (Atalanta, England, and Virginia,) while it was raging in the steerage, has appeared to some as a most cogent disproof of contagion, or easy transportation by persons in any way. Dr. PETERS, however, in the treatise above named, argues, after Dr. SAYRE, that it shows the incapacity of the *wind* to carry the poison, and thus helps the reasoning in favor of personal transportation! So, likewise, the famous outbreak of cholera on the *Swanton*, in 1848, twenty-six days out at sea, has been by non-contagionists regarded as an *instantia crucis*, proving atmospheric migration of the cholera cause, the interval being too long for the incubation of a latent contagion. But, again, Dr. PETERS remarks, as to this case, that "there is reason to believe that the period of incubation is longer than it had been supposed." While Calvinism and Arminianism lasts, then, we may expect both sides of this controversy to have zealous, industrious and able advocates.

But for the immense inconveniences of quarantine restrictions, it might with but little regret be left unsettled; as, in regard to local and personal cleanliness and disinfection, both theories point the same way. It will certainly be very difficult for any mind to escape the admission, that, in the late, still existing, epidemic in this country, *local sanitary measures* have had a paramount influence in retarding and diminishing its violence. And, on the other hand, the most urgent advocate of quarantine may well reflect on the difficulty of proving that the "cholera always comes to our cities by ships," when it has been officially announced, (by Dr. E. HARRIS, last month,) "that the shipping and wharves of New York and Brooklyn, together with all buildings and districts in the immediate vicinity of the commercial wharves, remain entirely free from cholera; and that scarcely a seaman has yet been attacked with cholera, and that the chief resorts of seamen are comparatively free from the malady."

The publications mentioned at the head of this article, are probably the last upon this subject which this season will produce. Dr. PETERS' is a carefully prepared book, with a great deal of information upon all topics connected with cholera. Its interest is much increased by the fact that its author was formerly a leading homœopathic practitioner in New York, but several years since abandoned that system, and is now acknowledged by the profession as a regular prac-

tioner. His testimony is very direct and important, upon a subject which needs clearing up in the public mind; the actual record of the results of homœopathic treatment in cholera. Thus, he states, on the authority of *Ruckert's Clinique*, or collection of all homœopathic cures reported in or translated into the German language, from 1822 to 1850, that the homœopaths depended on thirty-five remedies in cholera, of which twenty-two are "not homœopathic in any sense, but act as alterative or antagonistic medicines." With the peculiarly homœopathic remedies, as tartar emetic, croton oil, and elaterium, Dr. PETERS also says, the regular school have made more experiments than the homœopaths themselves. He considers that "it is fair to assume all the so-called cures of cholera, with homœopathic doses of 'allopathic' remedies, to have been merely recoveries." The following is his concluding statement:

"We are not in want of remedies against diarrhœa and simple cholera. It is in the algid, ataxic, and full collapse cases that help is required. In these forms FLEISCHMAN and TESSIER, who have had the largest homœopathic hospital experience, say that homœopathy is comparatively powerless. FLEISCHMAN says he has tried every remedy again and again, but has little to say in praise of them. TESSIER says the number of deaths generally corresponds to the number of cases of black, algid, ataxic, or collapse cases. During the epidemic of 1849, he only saw one of either of these forms get well. HAHNEMANN's method seems to him to be limited to cases of diarrhœa, cholera, and simple cholera. TESSIER says it seems fair to treat the black and ataxic forms of cholera in the usual manner, inasmuch as homœopathy fails completely in both of these varieties."

In Dr. PETERS' treatise, the opinion of Dr. READ, of BOSTON, author of the pamphlet "Letter" named at the head of this notice, is cited, to the effect that there are three forms of cholera; cholera morbus, septic cholera, and Asiatic cholera. Dr. PETERS would add to these, two: bilious cholera and cholera infantum. That five varieties of disease, in which vomiting and purging occur, may be readily granted. We might, if it were worth while, add at least one other, as separable from ordinary cholera morbus: toxic cholera, from mineral or other corrosive poisons. But only one of all these affections is truly epidemic or migratory. Cholera infantum is endemic in large cities; the others are almost independent of locality, though affected at least indirectly by season. Septic cholera is not at all a constantly identical or characterizable disorder. It ought not to be allowed to divide places with epidemic cholera in mortuary records, or to put ambiguity into the history of the latter. There is quite enough of that element already.

Dr. READ's letter has been for some time before the profession and the public. It dogmatically insists and labors assiduously to prove that cholera is contagious. On that point we have already made as much remark as, at this date, our space can well allow. It may only be added that, as Dr. PETERS quotes him, (*Treatise*, pp. 99—100,) PETTENKOFER, the great advocate of the excrement theory, considers now that it is futile to depend upon the isolation and quarantine of entire towns and districts; but that it is far better to rely upon disinfection of houses, grounds, and the evacuated fluids of the sick.

Professor PALMER's essay, upon the Pathology and Treatment of Cholera, scarcely touches upon its propagation. His view may be inferred, however, from the following words. "It may be stated that cholera is essentially produced by a peculiar poison, the exact nature of which is not fully understood; that this poison is aided in its production and diffusion by certain local conditions, the chief of which is filth." (P. 11.) The essay is well written and interesting. He locates the primary effects of the cholera-cause in the ganglionic nervous system; but regards as very important also the losses of fluids, in de-vitalizing and de-functionizing (our word, not his) the organs. Dr. PALMER is one of the few practitioners left, of much experience, who still maintain that calomel is a valuable medicine for the treatment of epidemic cholera. In earlier stages, however, he esteems opium as the great remedy.

Dr. TONER's collection, which, with unexampled liberality, he holds "at the service of the medical profession," contains more than a hundred volumes and pamphlets, old and new, upon cholera. Though, of course, not (so much more being in medical periodicals) thus comprising the whole literature of the subject, it must possess great value, for reference as well as for perusal.

— Among the victims of cholera in Paris are three Physicians, M. BÉRARD, proprietor of the *Gazette de France*, M. CHAUSSIER, a son of the celebrated surgeon, and M. GIBERT, one of the physicians to St. Louis. The latter was strongly opposed to the general opinion, that cholera is preceded by premonitory diarrhœa, and may be almost said to have fallen a victim to his persuasion; for he suffered several days from relaxed bowels, which he refused to treat medicinally. Dr. ANSELL of Bow, England, has also fallen a victim to cholera.

— DOCTORS AND TYPHUS. Dr. STOKES and CUSACK have shown that in Ireland, during the 25 years prior to 1843, 560 out of 1220 medical men who were attached to public institutions, suffered from typhus fever.

Medical and Surgical Reporter.

S. W. BUTLER, M. D., *Editor and Proprietor.*

PHILADELPHIA, SEPTEMBER 22, 1866.

MEDICAL EDUCATION.

The numerous letters which we have received from different parts of the country, called out by our former articles on the subject of medical education, furnish the most convincing evidence that there is a wide-spread feeling in the profession, acknowledging the necessity of instituting certain reforms in medical education, such as indicated by us on former occasions.

There is a moral certainty that, in a short time, this feeling will grow strong enough to find utterance in a unanimous and commanding manner, and when it will be dangerous for the schools not to listen to and obey it. There is no longer any question about the propriety and necessity of extending the educational course of medical study, and of remodelling the whole present system, and the sooner the faculties of the schools decide upon a common plan of action, the better, and thus obviate the necessity of being *compelled* by the unanimous voice of the profession to adopt a certain course.

Reform in medical education in this country is the great issue which again agitates the minds of medical men. It will press itself upon the attention of the American Medical Association, as it has engaged the medical press during the last few months. We believe that the simple plan which we proposed in the *REPORTER*, September 1st, of adding to the present laws the proviso, "That the full two courses at present demanded as one of the requisites of graduation, must be attended during THREE separate sessions," will be a great step in advance, and secure to the student practically all the advantages of an extension of study, and of relieving the pressure of overcrowded study. This plan, too, would least interfere with the present organization and lecture-arrangements of the schools.

We invite the profession to a free interchange of ideas on this all-important topic, through the pages of the medical journals, and the faculties of the schools will do well to mature plans which, in their opinion, will best accomplish the objects desired. When hundreds of students have already, as we know, voluntarily embraced a more extended course of study, from the conviction of the necessity of a thorough education, when the student may thus be said to be, in numerous instances, actually in advance of the teacher,

there need be no fear or hesitancy in adopting the most vigorous action on the part of all the schools, or any number of them. We predict that the school which first and most thoroughly obeys the requirements of reform indicated, will be the most successful in reward and renown.

Apropos! We are astonished that the Faculty of an American medical college can use such language as the *Boston Med. and Surg. Journal* quotes from a circular of the Medical Department of Yale College. They say:

"Experience has shown that a large proportion of the whole field of medical education, embracing most of the important topics, can be comprised in a single course of lectures, by avoiding that extreme variety of subjects and minuteness of detail, which are so apt to confuse and oppress the mind of the learner, and render the knowledge acquired superficial and vague, rather than clear, definite and well-fixed."

A faculty issuing such sentiments should, in the interest of science, resign in a body. They are half a century behind the age.

CRIMINAL ABORTION.

A short paper on "Criminal Abortion," by Dr. WILLIAM MCCOLLOM, published in the *Transactions of the Vermont Medical Society* for last year, is so full of common sense, and corresponding so entirely with the opinions which have from time to time been advanced in this *Journal*, that we take pleasure in laying some extracts from it before our readers:

"We can hardly realize the great and alarming prevalence of the evil in question. It is practised to a great extent by the married, and the married of all classes, who look upon the rearing of children as a heavy burden, full of trouble and care, and to be avoided; and accidental conception is assaulted with a frequency, and moral indifference to the crime that is perfectly astounding. Our own population seem to have a greater aversion to the rearing of families than those of a foreign birth; and every physician must notice how much more prolific are the French, the Irish, and the Germans. In support of this fact I will quote the words of a physician in a neighboring State, who has had extensive opportunity for observation: 'In localities where I am acquainted, though the population is chiefly Anglo-American, full three-fourths of the children born and reared are of German, Irish, or other foreign parents, principally of the lower walks of life, who either have less repugnance to rearing families, or have not been initiated into and adopted modern improvements.'

"The growth and efficiency of our population

are alike matters of deep interest to us all; and let us inquire what is to be the result of this widespread violation of a great natural law? Will not the health of the female race be destroyed by resorting to such measures to rid themselves of offspring? and will not the higher class give place to the lower? the native population to that of a foreign? Can a community be a moral one with this powerful restraint upon illicit intercourse removed?"

Let each answer these questions for himself—and while he acknowledges the evil, regrets its existence, and foresees its results, firmly resolve to lend his advice to prevent it—his warning to resist, and his strength to oppose.

PORTABILITY OF CHOLERA AND QUARANTINE.

Dr. SIMON, the well-known sanitarian of England, has recently made a report to the Privy Council on the Public Health, in which, speaking of cholera, he says:

"The doctrine on this subject which, in my opinion, deserves, in the present state of knowledge to be accepted as practically certain—sufficiently certain, I mean, to be made the basis for precautionary measures—may be stated in the following propositions: That when cholera is epidemic in any place, persons who are suffering from the epidemic influence, though perhaps with only the slightest degree of diarrhoea, may, if they migrate, be the means of conveying to other places an infection of indefinite severity; that the quality of infectiveness belongs particularly, if not exclusively to the matters which the patient discharges, by purging and vomiting, from his intestinal canal; that these matters are comparatively non-infective at the moment when they are discharged, but subsequently, while undergoing decomposition, acquire their maximum of infective power; that choleraic discharges, if cast away without previous disinfection, impart their own infective quality to the excremental matters with which they mingle in drains or cess-pools, or wherever else they may flow or soak, and to the effluvia which those matters evolve; that if the cholera contagion, by leakage or soaking from drains or cess-pools, or otherwise, gets access, even in small quantity, to wells or other sources of drinking water, it infects in the most dangerous manner very large volumes of the fluid; that in the above-described ways, even a single patient with slight choleraic diarrhoea may exert a powerful infective influence on masses of population, among whom perhaps his presence is unsuspected; that things, such as bedding and clothing, which have been imbued with choleraic discharges, and not afterward fully disinfected, may long retain their infectious properties and be the means of exciting choleraic outbreaks wherever they are sent for washing or other purposes."

Speaking practically, adds the *Medical Press and Circular*, Dr. SIMON has no doubt that quar-

antine, conducted with extreme rigor and with the precision of a chemical experiment, will keep cholera out of any portion of Europe, in which the extremely difficult conditions can be fulfilled. He is quite satisfied it ought to keep the disease out of England.

Now if, as it is the honest opinion of ninety-nine out of a hundred physicians, epidemic or Asiatic cholera is not an indigenous disease of the United States, but is always introduced here by persons or things infected with the cholera-poison, and if, as is universally acknowledged, the infection may be destroyed by proper chemical agents, then we say that the various State authorities, upon whom at present devolves the management of quarantine, and the general government, which has the power to establish an efficient national quarantine, and which has refused to exercise that power, though appealed to, to do so, time and again, are directly responsible for the thousands of deaths from cholera during this season, no matter how much the spread of the disease may have been favored by sanitary misrule of our cities. The prime responsibility rests on those who allowed the enemy to gain a foothold in our land.

Notes and Comments.

Surgeon-General Barnes.

We are glad to learn of the convalescence of Surgeon-General BARNES, whose serious illness at Chicago, we spoke of last week.

Private Medical Teaching.

Students resorting to Philadelphia to pursue their medical studies the coming winter, will find in our columns the cards of some of our best private teachers. These gentlemen have all had long experience in teaching medicine, and it will be of very great advantage to students to avail themselves of their aid in pursuing their studies.

Dishonorable Conduct of a Physician.

"It is stated that a physician in St. Louis, Mo., the other day tore up a prescription for a cholera patient, because the wife of the sick man could not pay his fee. The man died, and prominent citizens have taken means to prosecute the doctor."

The above item is going the rounds of the newspapers. We doubt it being true as respects any regular practitioner of medicine, certainly; but if it should prove to be, we trust that the profession will "note that man, and have no company with him."

Books and Pamphlets Received.

Medical Communications, with the Proceedings of the 74th Annual Convention of the Connecticut Medical Society, held at New Haven, May 23d and 24th, 1866. From Dr. C. L. IVES.

Observations upon the Cranial Forms of the American Aborigines, based upon specimens contained in the collection of the Academy of Natural Sciences, of Philadelphia. By J. AITKEN MEIGS, M. D., etc. etc. From the Author.

HAMILTON on Fractures and Dislocations. From H. C. LEA.

PEREIRA's Materia Medica and Therapeutics. New Edition. From the same.

Three pieces of music, viz., Bells in Distant Lands, song, with chorus; composed by HENRY TUCKER. Banjo Galop; composed by Mrs. PARKHURST. Beautiful Form of my Dreams; poetry by W. C. BAKER; composed by H. P. DANKS. Published by C. M. TREMAINE, 481 Broadway; successor to HORACE WATERS.

Correspondence.

DOMESTIC.

A Case of Sporadic Cholera.

EDITOR MEDICAL AND SURGICAL REPORTER:

On Sept. 1st, I was hastily called to see J. S., a gentleman of about 60 years of age; strong, healthy, and robust. I reached the patient's house about 8 o'clock, A. M., and found him lying on the floor in a state of collapse. The extremities were cold and pulseless, and the whole body bathed in perspiration.

The features were very much shrunken, and wore a peculiarly anxious expression, indicative of great suffering. He complained of violent pains in the stomach and bowels, with occasional spasmodic contraction of the muscles of lower extremities and abdomen, and so restless as to make it impossible to keep him in any one position. I learned the following history of the case.

For the past day or two, had been troubled with a slight diarrhoea, but had taken no medicine, as he thought it would wear off. A little after 7 o'clock, (and near an hour before I saw him,) whilst walking near the house, he was suddenly seized with violent pains in the stomach and bowels, and had two copious watery discharges from the bowels, which he said were nearly colorless, and very prostrating. There was considerable nausea, but no vomiting.

I gave him a liberal dose of morphia, and ordered him to get in bed. Sent a distance of a half-mile for mustard and French brandy. Ordered a fire to be made, so as to get the means of supplying artificial heat.

The patient remained but a few minutes in bed, declaring he was too warm, (the surface of his body felt comparatively as cold as ice,) and again took his position on the floor. It was now 8.30 o'clock, and I gave him opium pulv., gr. i., bismuth sub nit., gr. x., hyd. chlor. mit., gr. ii. I will here remark, that I would have preferred giving xxx. drops each of tinct. camphoræ, tinct. opii, and chloroform, but not knowing the nature of the case I was called on to treat, had carried with me only a small pocket-case, and had none of the above articles with me. His son, who went for the mustard and brandy, was detained, and did not come until 9 o'clock, at which time the patient was staggering about the floor.

He took a seat in a large rocking-chair, and I gave him an ounce of French brandy and forty-five drops of laudanum, (an inferior article which I found in the house.) I made several large cataplasms of mustard, and as I approached him with the first, he opened his shirt and assisted me in placing the plaster over the stomach. Noticing he was more composed, I inquired if he felt better, and was informed that he did not, but was endeavoring to bear the pain as well as he could. A second plaster was then bound to the right wrist, and as I stooped over him to bind a third to the left wrist, I noticed a convulsive movement of the whole frame, and on looking up, found that the patient had thrown his head back on the back of the chair; the eye was glazed, but almost instantly cleared and again looked intelligent. I called for assistance, but before the patient could be lifted on the bed, the face and neck were of a dark mahogany color. A few labored respirations were now noticed, and death closed the scene. Such a sudden termination of the case was to me very unexpected, and I think was occasioned by *paralysis of the pneumogastric nerve*, induced by a large quantity of cantaleup eaten the night previous to his death, and which probably contained some irritating poison. He regarded the cantaleup as the cause of his suffering.

I have, as you see, Mr. Editor, called this a case of sporadic cholera, but am not at all sure of being correct in my diagnosis, and I report it, hoping that some of the numerous readers of the REPORTER will be so kind as to give us their views of the case. Such sudden deaths are rare in any form of cholera. If death had to take place in this case, I think the natural termination was by *collapse*, and I must regard the sudden termination as *accidental*.

It has been suggested by a physician of this

town that this was a case of "heart disease," but but as the patient was never troubled by any irregularity of the heart's action, and as the pain was too remote for, and did not at all resemble angina pectoris, and as every symptom of heart disease was wanting, (except the sudden termination,) I cannot see the use of falling into the too common error, of making the heart the scape-goat of all sudden deaths.

F. K. TRAVERS, M. D.

Seaford, Del., Sept. 9th, 1866.

Dacryocystitis.

EDITOR MEDICAL AND SURGICAL REPORTER:

It has been over six years since I commenced the use of the probe for the cure of inflammation and stricture of the nasal duct. My record shows quite a large number of cases treated, but the success of the treatment does not satisfy my wishes. Some few cases were benefited; some others radically cured, *I hope*; but even these were under my care one or two years before I could safely call them well. Now I wish to ask some of those who can speak through the *REPORTER*, if the fault has been mine? My plan has generally been to pass a small size probe, repeating it, or a larger one every four days or a week, and letting the probe, in some cases, remain in an hour, in others remove it immediately; and use Anel's syringe for washing out the sac with a weak solution of chloride of sodium.

Some cases would be followed by severe congestion of the eye, lasting two or three days, or longer; and particularly in one case, the congestion lasted so long that I could not advance in the size of the probes.

In some cases I have passed the probes daily during a week, and when I could do so, I have thought there was more improvement, but usually the parts will become too sore to admit of the daily use any length of time. Again, I have syringed the sac daily, using warm water and common salt, and with seeming advantage.

I would like to have some one inform me what is the best course to be pursued in such cases.

If the dilation of the stricture would alone cure the difficulty, I can conceive the propriety of passing the probes as rapidly as possible, so that the secretions might pass off, which I believe continues the disease when retained in the sac.

One very important result, to the advantage of the patient, follows the slitting of the canaliculus, which I usually premise, before the use of the probe, viz., an almost certain prevention of serious attacks of swelling and bursting of the sac,

as the canaliculus is so large as to prevent accumulations to any great extent.

W. W. GARDENER, M. D.

Springfield, Mass., Sept. 1866.

News and Miscellany.

Dressing of New Born Infants.

Dr. W. B. FLETCHER, of Indianapolis, Ind., communicates to the *Cincinnati Lancet and Observer* some remarks on the above subject that are worth reproducing. He says:

If there be one custom of time-honored folly which we have continued to this day in the "lying-in chamber," it is that absurd and cruel system of the first dressing. There is no reason for quoting from the most ancient authors to find absurdity upon this point, when our most recent text-books and lecturers give almost the same directions. But even if they did not, how many physicians ever personally attend to this important point, whereby the comfort of the child and mother are all at stake. In most cases, as soon as the child is born and the cord divided, it is tied, and the baby given to an employed nurse, some wise neighbor or friend. The question of "What will she do with it?" may best be solved by watching her. First she huddles it up in an old shawl or other garment. She is careful to cover its head, as though it were a young puppy she would smother, or rid the world of an infant cat. In a few moments some one brings water, soap, and towels, and also a heap of old linen and a trunk full of new. The good woman now turns to the blazing fire or the hot stove, that the baby may not take cold, and while the youngster implores with yells and cries, she bakes its tender skin on one side, while she dabbles its head, eyes, mouth, and body with a vile solution of frequently very bad soap. After this ceremony has been past, (it matters not whether the child be cleaner than before,) she turns her attention to the cord, upon which she frequently deposits, slyly, some pestiferous saliva. "It's healin'," she says, and now she follows authority. 1st. She cuts or burns a hole in the centre of a bit of cloth, through which she draws the cord; 2d. She places a rag upon this; 3d. A rag upon that; and 4th. She puts on a "binder." Now it is upon this operation she prides herself if she be a hireling, that is the closeness and compactness with which she can pin the binder round the expanding body of the infant; 5th. She puts on a little garment, called a shirt, which is in fact without body, neck, or sleeves, as far as protection goes; 6th. She puts on the "square," with more pins; 7th. She pins on a "waist" with a long skirt; 8th. Another waist with a longer skirt; 9th. A dress. And now the baby is presentable. The doctor sees it's all right and goes home. He hears not within an hour the stifled screams of compressed lungs, that with every breath are expanding the chest, and the nurse wisely says it appears "colicky," for which it

must be drenched with some damned decoction of catnip, sling, brandy, laudanum, water and molasses, etc.

The next visit, the nurse swears it's a good child, only a little "colicky," but she can cure that, and away the doctor goes, where he cannot hear the little one cry, and see it dosed for screaming on account of the "cord" having become a half putrid, half drying mass, glued and ulcerating to the tender belly.

Dr. FLETCHER recommends the following mode of procedure, as an improvement on the above:

"My baby is first quickly washed by oiling the hand and rubbing the parts to which the secretions have adhered, and then with a soft cloth, soft water, and a trace of castile soap, and frequently with warm water alone, the infant may be cleaned. Then I begin dressing. 1st. A bit of lint or linen, two inches square, is tied closely upon the end of the cord like a cap; 2d. The square, or diaper, of soft and old material, is put on loosely with a diaper-pin; 3d. A fine warm flannel gown, (like a woman's night dress,) with long sleeves, and coming below the feet, is put on, and thus the baby is quickly and comfortably dressed, and placed in its mother's arms, where the temperature of her own body is food and strength for her new-born babe until the milk is secreted.

Let any physician try this plan, and he will meet with opposition from every old lady in the land. 'Why, doctor, its bowels will burst out when it cries, if you don't pin a binder on!' and a number of similar excuses for not being directed by the physician. But the physician will be rewarded by finding the infants more clean, sleeping more, and eating more than when uncomfortably dressed, and I believe less liable to umbilical hernia and ulceration about the cord. I have known children rescued from apparent suffocation by simply unpinning a close binder."

Treating Wounds with Dressings of Sheet-Lead.

A surgeon of some eminence in his profession at Ghent, has recently published an account of a method of treating wounds with dressings of sheet-lead. From the 1st of January, 1864, to the end of May, 1866, Dr. BURGGRÆVE has treated two hundred and thirty-six cases in this manner, and only eight deaths have occurred. His process is exceedingly simple. It consists in washing the wound carefully with luke-warm water, and then covering it with pieces of sheet-lead, which are secured with adhesive plaster. Most of his patients have been workmen injured by machinery, and were too weak to undergo operations, owing to the impoverished state of their blood. "The wound," says M. BURGGRÆVE, "whatever may be the amount of contusion, crushing, or laceration, is first washed carefully without detaching or cutting away any portion of flesh, since in the state of torpor it is impossible to say at once which will mortify and which may be preserved, and one runs the risk either of cutting away too much or too little. It is next surrounded with thin slips of lead, retained in position by sticking-plaster. From time to time a jet of warm water is injected under this armor,

if we may use the expression, so as to remove the ichor and refresh the parts." In order to watch the progress of the wound, each sheet of lead may be removed independently of the others. The contact of the metallic lead with the flesh causes no irritation, and the rigidity prevents friction, and excludes the air—a very important point. Besides the mechanical action of lead, Dr. BURGGRÆVE thinks that it may also be attended with some physical action, and quotes the well-known effects of GOULARD'S extract. The author enlarges on the value of this method of treatment in military surgery, where operations must, at least in active service, be somewhat hurried, and many a limb which, under ordinary circumstances, might have been preserved, is sacrificed in consequence. Gun-shot wounds, he says, have much analogy with injuries caused by machinery, and we may reasonably assume that the results will not be dissimilar. Whatever the theoretical objections to lead bandages may be, they appear at all events to have had a fair trial, and to have been productive of good results.—*Every Saturday.*

Proposed Permanent Quarantine at West Bank, in the Lower Bay of New York.

It is now settled that a permanent quarantine establishment will be located on West Bank, which lies about two miles from Staten Island, about five miles from Fort Hamilton, and midway from New York city to Sandy Hook. From the fact that this bank is covered by water to the depth of seven feet at low tide, the creation of an artificial island is rendered necessary. According to the plan proposed, this island will be an irregular hexagon in shape, 448 feet in its greatest length, and 228 feet in its greatest width. The exterior wall will be formed of cribs of white pine or white spruce timber, filled with earth and stones. The timbers of these cribs will be fourteen inches square at the base, and twelve inches square above, laid so that they touch each other, and fastened by heavy iron bolts. The entire exterior of this wall will be protected (shingled) with stone, either granite, gneiss, or trap, in large pieces, laid in rip-rap, extending from the base horizontally at least fifteen feet, and perpendicularly thirteen feet, or up to high-water mark. The entire space inside this wall is to be filled with earth and stone, to constitute the foundation of the requisite superstructures, which are to be a building for the resident-physician, an eight-pavilion hospital, and separate buildings for the disinfection of person, clothing, and baggage, besides a proper receptacle for the dead. The contract has been awarded to FRANCIS SWIFT, who is to construct the island and erect the buildings, on or before the June 1, 1867, at a cost of \$310,218.—*Medical Record.*

— Prof. BAR BENEDEN, of Louvain, has been appointed to the vacant place among the corresponding members Académie des Sciences, in the section of Anatomy and Physiology. The other names proposed for the honor were FILLET, HUXLEY, LENCKART, VICTET, SASS, SIEBOLD, and VOET.—*Boston Med. Journal.*

Pension Examining Surgeons.

Pennsylvania—Dr. JOHN LEVERGOOD, Lancaster.

West Virginia—Dr. JAMES G. McPHERSON.

Quarantine Officer at Fortress Monroe.

Dr. J. W. PRINCE, U. S. Volunteers, has been appointed chief quarantine officer at Fortress Monroe, with his head-quarters on board the steamer *City of Albany*, which will be stationed off the capes for the purpose of examining all vessels bound into Chesapeake Bay and Hampton Roads. Dr. T. E. WILCOX, late professor in the Union College at Schenectady, has been appointed assistant quarantine officer.

The Chemical Contents of a Cup of Tea.

The cup of tea we drink, according to chemical analysis, contains volatile oil, chlorophyl, wax, resin, gum, tannin, theine, extractive, apotheme, albumen, sulphur, phosphorus, chloride of potassium, oxyd of iron, carbonate, sulphate, and phosphate of lime, carbonate of magnesia, manganese, and silica—twenty different articles. The peculiar flavor of the tea depends on the volatile oil, which is lighter than water, and has a lemon-yellow color, and the smell of tea. LIEBIG is of the opinion that tea is not only an astringent and diluent, but possesses nutritive properties of no mean kind. A great deal of profound chemistry is connected with the subject of theine as it exists in tea, and caffeine in coffee; both of the same property, or substance, contained in dissimilar vegetable productions—the leaves of one tree and the berries of the other. Tea and coffee act upon the nerves and upon the brain, and have a quickening and refreshing influence; but taken in excess result in excitement prejudicial to sleep and rest. Green tea is considered more injurious to persons of a highly nervous temperament than the black.—*Chemical News and Artizan.*

—THE "POOR MAN'S FILTER."—In the food department of the South Kensington Museum stands the "poor man's filter." It is an ordinary flower-pot, plugged (not tightly) at the bottom with sponge. A layer of coarsely powdered charcoal, about one inch thick, is placed in the bottom of the pot, then another layer of sand of the same thickness, then pebbles, coarse gravel, and stones are placed on the whole. This forms an admirable filter, and one within the reach of the poorest.

—EFFECT OF ATMOSPHERIC PRESSURE ON THE HEART. In ascending into the air the heart-beats increase 5 for the first 3000 feet, 7 more for the next 1500 feet, 8 for the next 1500, and 5 for each 1500 feet of ascent after that. This is an average increase of one beat for each 100 yards of ascent.

—PERIL OF ARMY SURGEONS. Surgeon ESDEA of the Italian army, was killed at Custozza, on the field of battle, whilst dressing the wounded. Three other Italian surgeons were seriously wounded, and twelve were made prisoners.

—The *Boston Med. Journal* cites from a recent number of VIRCHOW'S *Archiv*e a case of sudden blanching of the hair. The case is reported by LANDOIS, of Greisswald, it having occurred in Prof. MOSLER'S clinic. The patient was 34 years old, and was suffering from delirium tremens. On the fifth day of his stay in the hospital, the visiting physicians and the patients noticed that the hair upon his face and head had become gray. On looking at himself in a mirror, he exclaimed, "Ach, Gott, mir sind die haare grau geworden." The delirium vanished from this time.

A microscopical examination showed the presence of a great many minute air-bubbles at the white points, both in the cortical and central portions of the hair. The pigment was perfectly preserved throughout the whole shaft of the hair, and had undergone no change whatever. As the hair gradually is changed to gray, the pigment disappears, but in this instance, the rapid whitening during a single night was produced by the development of gas within the substance of the hair.

—THE INTERNATIONAL OPHTHALMOLOGICAL CONGRESS which was to have been held in Vienna during August last, has been indefinitely postponed in consequence of the unsettled condition of the country.

—MUSCULAR WORK AND HEAT arise in the animal organism, both being derived from the chemical energy, as well of non-nitrogenous as of nitrogenous matters. Of both kinds of food the animal system has need. In the body there exists a certain relation between heat produced and muscular work. By exercise, this relation becomes more favorable for muscular work. A liberal supply of albuminous matter tells favorably in the same. The reason of this is probably to be found in the better nourished and firmer condition of the muscles, and of the whole body, which is obtained by means of a more highly albuminous diet. The development of man, in general, appears to attain the highest pitch under the use of a mixed diet.

—A CASE OF DEATH upon the operating table from fear of lithotomy, is reported in the *Gazette des Hôpitaux*, by M. CAZENAVE. The patient, who was a distinguished veterinary surgeon, fainted while in the hands of the assistants, and died in ten minutes.—*Boston Med. Journal.*

Army and Navy News.**NAVY.**

List of changes, etc., in the Medical Corps of the U. S. Navy, for the week ending September 15th, 1866.

Surgeon J. S. Kitchen, detailed for temporary duty at Marine rendezvous, Philadelphia.

Passed Assistant Surgeon Edward R. Dodge, detached from the U. S. Ship Mackinaw, on account of illness.

Assistant Surgeon Wm. F. Terry, detached from temporary duty at Washington, and ordered to duty at Naval Academy, Annapolis, Md.

MARRIED.

BOYNTON-STONE.—In Uxbridge, Mass., by Rev. Mr. Barber, Dr. S. H. Boynton, of Haverhill, and Marcia E. Stone, of Augusta, Me.

BRINTON-WARD.—At "Grove Place," Rochester, N. Y., on the 18th inst., by the Rev. F. De W. Ward, D. D., of Genesee, John H. Brinton, M. D., of Philadelphia, and Sarah, daughter of the officiating clergyman.

EVERSON-BROWN.—In this city, September 12th, 1866, at the residence of the bride's parents, 911 North Fifth Street, by Rev. Reuben Jeffery, John C. Everson, M. D., and Miss Annie, youngest daughter of Mr. Jacob Brown, Jr., both of this city.

FARNSWORTH-OSLEY.—In this city, on the 5th inst., at the residence of the bride's father, by Rev. A. Swasey, Dr. J. O. Farnsworth and Miss Carrie F. Osley.

LOCKE-MCCAMANT.—On the 12th inst., by the Rev. John Wallace, Dr. John L. Locke, of Altoona, Pa., and Miss Elizabeth Jenkins McCamant, of Pickque Valley, Lancaster co., Pa.

LONGER-HAWES.—In Boston, September 4, by Rev. Thomas R. Lambert, D. D., of Charlestown, William T. Longer, U. S. Navy, and Ruth Gray, daughter of the late Dr. William Hawes, of Boston.

THEOBALD-RONEY.—At the residence of the bride's father, September 1st, by Rev. J. H. Dubbs, Phillip R. Theobald, of Philadelphia, and Lizzie A., eldest daughter of W. O. Roney, M. D., of Pottsgrove Township, Montgomery co., Pa.

TIBBETTS-WHITEHOUSE.—In Riverside, Vassalborough, Me., Aug. 21st, by Rev. Mr. Adams, Dr. B. L. Tibbette, of China, Me., and Sarah H. Whitehouse, of Augusta.

DIED.

DAWSON.—In Columbus, Ohio, on the 4th inst., Prof. John Dawson, M. D., brother of Dr. W. W. Dawson, of Cincinnati.

GOULD.—In Boston, Mass., September 16th, Dr. A. A. Gould, President of the Massachusetts Medical Society.

HAMILTON.—At St. Louis, of cholera, on Friday, August 31, Dr. Wm. M. Hamilton, aged 52 years, formerly from Ohio.

JUDSON.—At Livingstonville, New York, August 31st, after a painful illness of eighteen days, Olive Spaulding Chase, wife of J. B. Judson, M. D., in the 51st year of her age.

MOTT.—At Mt. Pleasant, Iowa, on the 17th of July last, Dr. J. N. Mott, a resident of Hill, Mich.

OBITUARY.

Dr. A. A. Gould.

AUGUSTUS ADDISON GOULD, M. D., President of the Massachusetts Medical Society, and one of the most distinguished conchologists of the day, died in Boston, on Saturday, the 16th inst. Dr. GOULD was born in New Ipswich, N. H., April 23, 1805; graduated at Harvard in 1825; took the medical degree in 1830, and at once commenced practice in Boston, where he resided up to the time of his death. From the outset of his career he devoted a great deal of attention to natural history and kindred studies, and for two years gave instructions in botany and zoology at Harvard. He was a member of the principal American and several foreign learned societies. Beside contributions to scientific and other periodicals, he published a number of independent works, among which were a "System of Natural History," "Invertebrate Animals of Massachusetts," "Mollusca and Shells of the United States Exploring Expedition under Capt. WILKES," "Mollusca of the North Pacific Expedition under Capts. RINGGOLD and ROGERS," and Translations of DE LAMARCK'S "Genera of Shells," and "GALL'S Works;" wrote in conjunction with Professor AGASSIZ, "Principles of Zoology," and completed Dr. A. BIRNIE'S "Land Mollusks of the United States."—*N. Y. Tribune.*

METEOROLOGY.

September,	3,	4,	5,	6,	7,	8,	9,
Wind.....	S.	N. W.	N.	N.	E.	N. W.	W.
Weather.....	Clear.	Cl'd'y.	Clear.	Clear.	C'd'y.	Clear.	Clear.
Depth Rain.....	8-10				1 in.		
Thermometer.							
Minimum.....	70°	62°	67°	65°	63°	63°	40°
At 6 A. M.....	77	76	73	70	68	74	61
At 12 M.....	88	81	81	74	70	74	71
At 3 P. M.....	89	83	85	78	71	76	72
Mean.....	81.	75.50	76.50	71.75	68.	71.75	63.25
Barometer.							
At 12 M.....	30.1	30.1	30.	30.2	29.9	30.	30.2
Germantown, Pa.							

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